

City of Cabot Direct Deposit Authorization Form

Note: If you choose Direct Deposit, the ENTIRE amount of your check must be deposited into any accounts you list below. Your check CANNOT be split as partial Direct Deposit and partial Payroll Check.

By signing below, I hereby authorize the City of Cabot to initiate entries to my checking/savings account(s) at the financial institution(s) listed below. And if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the City of Cabot is notified by me in writing to cancel it in such time as to afford the City of Cabot, Community Bank and my financial institution(s) a reasonable opportunity to act on it.

Name (Please Print)

Social Security Number

Address:

Street

City

State

Zip Code

Signature

Date

Financial Institution Information

PRIMARY (required)

(1)

Name of Financial Institution

Financial Institution Address: City State Zip

Financial Institution Routing #

Account #

\$_____
Amount Per Pay Period

Account Type: ☐ Checking

☐ Savings

SECONDARY

(2)

Name of Financial Institution

Financial Institution Address: City State Zip

Financial Institution Routing #

Account #

\$_____
Amount Per Pay Period

Account Type: ☐ Checking ☐ Savings

Apply this to your Uniform, Certificate, and Holiday checks? ☐ Yes ☐ No **(uniform employees only)**

SECONDARY

(3)

Name of Financial Institution

Financial Institution Address: City State Zip

Financial Institution Routing #

Account #

\$_____
Amount Per Pay Period

Account Type: ☐ Checking ☐ Savings

Apply this to your Uniform, Certificate, and Holiday checks? ☐ Yes ☐ No **(uniform employees only)**

****A voided check from your checking account and/or a voided deposit slip from your savings account must be submitted with this form. ****

****If for any reason you have more than 2 secondary accounts you want to deposit your pay into, please follow the format above on the back of this form and submit.****

Human Resources Use Only

Department of Employee: _____

Community Bank Acct #: _____

Date Entered: ____/____/____

Date of First Direct Deposit: ____/____/____